



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE

This notice is to advise you of information regarding the *TennCare Pharmacy Program*.

Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

This notice is being sent to summarize the upcoming PDL changes for the TennCare pharmacy program. We encourage you to read this notice thoroughly and contact First Health's Technical Call Center (866-434-5520) should you have additional questions.

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 10/03/07

TennCare is continuing the process of reviewing all covered drug classes. Changes to the PDL may occur as new classes are reviewed and previously reviewed classes are revisited. As a result of these changes, some medications your patients are now taking may be considered non-preferred agents in the future. Please inform your patients who are on these medications that switching to preferred products will decrease delays in receiving their medications. For medications with existing prior authorizations in place, each PA will remain active through the current expiration date. A copy of the new PDL will be posted October 3, 2007 to: <http://tennessee.fhsc.com>. We encourage you to share this information with other TennCare providers. The individual changes to the PDL are listed below. For more details on clinical criteria, please visit:

https://tennessee.fhsc.com/Downloads/provider/TNRx_PDL_CC_ST_QLL.pdf.

Below is a summary of the PDL changes that will be effective October 3, 2007.

- **Cardiovascular: Anti-Anginal Agents, Miscellaneous** ^{Class CC}
 - Ranexa^{® CC} will become non-preferred
- **Cardiovascular: Agents for Pulmonary Arterial Hypertension** ^{Class CC}
 - Revatio^{® CC, QL}, Tracleer^{® CC}, and Ventavis^{® CC} will become preferred
 - Letairis^{® CC} will become non-preferred
- **Cardiovascular: Vasopressors**
 - Midodrine will become preferred
 - ProAmatine[®] will become non-preferred
- **Cardiovascular: Cardiac Glycosides**
 - Digoxin will become preferred
 - Digitek[®], Lanoxicaps[®], and Lanoxin[®] will become non-preferred

*Current Lanoxicaps[®] users will be grandfathered indefinitely.

- **Cardiovascular: Anti-Arrhythmics, Oral**
 - Amiodarone, disopyramide, disopyramide SA, Ethmozine[®], flecainide, mexiletine, procainamide, propafenone, quinidine gluconate, quinidine sulfate, sotalol, sotalol AF, and Tikosyn[®] will become preferred
 - Betapace[®], Betapace AF[®], Cordarone[®], Mexitil[®], Norpace[®], Norpace CR[®], Pacerone[®], Procanbid[®], Pronestyl[®], Rythmol[®], Rythmol SR[®], and Tambocor[®] will become non-preferred
- *All current users of anti-arrhythmics will be grandfathered indefinitely
- **Cardiovascular: Hemostatics, Oral**
 - Aminocaproic acid tablets and oral solution will become preferred
 - Amicar[®] tablets and syrup will become non-preferred
- **Cardiovascular: Intermittent Claudication**
 - Cilostazole and pentoxifylline will become preferred
 - Pletal[®] and Trental[®] will become non-preferred
- **Endocrine: Thyroid Hormones**
 - Levothroid[®], levothyroxine, Levoxyl[®], Synthroid[®], Unithroid[®], and Cytomel[®] will become preferred
 - Thyro-Tabs[®], Thyrolar-1[®], Thyrolar-2[®], Thyrolar-1/4[®], Thyrolar-3[®], Thyroid[®], Armour Thyroid[®], Nature-Throid NT-1[®], Nature-Throid NT-1/2[®], Nature-Throid NT[®], Nature-Throid NT-3[®], and Westhroid[®] will become non-preferred
- **Endocrine: Anti-Thyroid Hormones**
 - Methimazole, and propylthiouracil will become preferred
 - Tapazole[®] will become non-preferred
- **Endocrine: Oral Contraceptives**
 - All oral contraceptives will be preferred, except: Balziva[®], Jolessa[®], Kariva[®], Loestrin[®] 24 Fe, Lybrel[®], Ogestrel[®] 0.5/50, Quasense[®], Seasonale[®], Seasonique[®], Yaz[®], and Zenchent[®]. For a complete listing of the preferred oral contraceptives, please refer to the 10/03/07 version of the PDL at: <http://tennessee.fhsc.com>.
- **Endocrine: Non-Oral Contraceptives**
 - The injectable contraceptives medroxyprogesterone acetate 150mg/ml^{QL} and Depo Sub Q Provera[®] 104mg/0.65 ml^{QL} will become preferred
 - The injectable contraceptive Depo-Provera[®] 150mg/ml^{QL} will become non-preferred
 - The vaginal contraceptive ring Nuvaring[®] ST will become preferred
 - The transdermal contraceptive patch Ortho-Evra[®] ST will become non-preferred
- **Endocrine: Oral Estrogens**
 - Estrace[®], Menest[®], and Ogen[®] will become non-preferred
 - Cenestin[®], estradiol, estropipate, and Premarin[®] will remain preferred
 - Enjuvia[®], Femtrace[®], and Ortho-Est[®] will remain non-preferred
- **Endocrine: Transdermal Estrogens**
 - Divigel[®] will become preferred
 - Elestrin[®], Estraderm[®] QL and Evamist[®] will become non-preferred
 - Alora[®] QL, Climara[®] QL, Estradiol TDS^{QL}, Vivelle[®] QL, and Vivelle-Dot[®] QL will remain preferred
 - EstroGel[®], Estrasorb[®], and Menostar[®] QL will remain non-preferred

- **Endocrine: Vaginal Estrogens**
 - Ogen[®] and Estring[®] will become preferred
 - Estrace[®] vaginal cream (estradiol) will become non-preferred
 - Premarin[®] vaginal cream and Vagifem[®] vaginal tablet will remain preferred
 - Femring[®] will remain non-preferred
- **Endocrine: Oral Estrogen/Progestin Combinations**
 - Angeliq[®] will become non-preferred
 - Activella[®], Femhrt[®], Prefest[®], Premphase[®], and Prempro[®] will remain preferred
- **Endocrine: Oral Progestins**
 - Megestrol acetate^{QL} will become preferred
 - Megace^{® QL}, Megace^{® ES}^{CC, QL}, Aygestin[®], and Provera[®] will become non-preferred
 - Medroxyprogesterone acetate, norethindrone acetate, and Prometrium[®] will remain preferred
- **Endocrine: Oral Glucocorticoids**
 - Cortisone, dexamethasone, Entocort EC^{® CC}, hydrocortisone, methylprednisolone, prednisolone, and prednisone will become preferred
 - Celestone[®], Decadron[®], Dexpak[®], Dexpak Jr[®], Cortef[®], Medrol[®], Meprolone Unipak[®], Prelone[®], Pediapred[®], Orapred[®], and Sterapred[®] will become non-preferred
- **Endocrine: Oral Mineralocorticoids**
 - Fludrocortisone will become preferred
 - Florinef[®] will become non-preferred
- **Endocrine: Adrenocorticotrophic Hormones**^{Class CC, QL}
 - H.P. Acthar Gel^{® CC, QL} will become non-preferred
- **Endocrine: Agents for Gout**
 - Allopurinol, colchicine, probenecid, and probenecid/colchicine will become preferred
 - Anturane[®], Benemid[®], Colsalide[®], Probalan[®], sulfinpyrazone, and Zylprim[®] will become non-preferred
- **Endocrine: Oral Bisphosphonates**
 - Didronel[®] will become non-preferred
 - Fosamax^{® QL} and Fosamax^{® Plus D}^{QL} will remain preferred
 - Actonel^{® QL}, Actonel with Calcium^{® QL}, and Boniva^{® QL} will remain non-preferred
- **Endocrine: Parathyroid Hormone**^{Class CC}
 - Forteo^{® CC} will become non-preferred

NOTE: All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria which controls their usage. Any clinical criteria associated with an agent is noted with a superscripted “CC” and any step therapy criteria associated with an agent is noted with a superscripted “ST.” Please refer to the document “Prior Authorization Criteria for the PDL” located at: <http://tennessee.fhsc.com> for additional information.

Changes to the CC, ST, QL for the PDL (effective 10-03-07)

- Ranexa[®] CC
- Revatio[®] CC, QL
- Tracleer[®] CC
- Ventavis[®] CC
- Letairis[®] CC
- Nuvaring[®] ST
- Ortho-Evra[®] ST
- megestrol acetate[®] QL, Megace[®] QL, Megace[®] ES CC QL
- Entocort EC[®] CC
- H.P.-Acthar[®] CC, QL
- Forteo[®] CC

REMINDER

- Among the Short-Acting Beta-Agonist MDIs on the TennCare PDL, Ventolin HFA[®], Maxair[®], and albuterol CFC are the preferred agents.
- ProAir HFA[®], Alupent MDI[®], Proventil[®], Proventil HFA[®], and Xopenex HFA[®] are the non-preferred agents.
- **As of 11/1/07, submitted claims for ProAir HFA[®] will begin to reject at point of sale.** Physicians are encouraged to pro-actively switch their TennCare patients on ProAir HFA[®] to a preferred product prior to this date. Pharmacists encountering prescriptions for ProAir HFA[®] for TennCare patients are encouraged to contact the prescribing physician to obtain a new prescription for a preferred agent.

UPDATE ON GRANDFATHERING

The **grandfathering of patients on Vytorin will end on 01/01/08**. We strongly encourage prescribers to begin switching patients on Vytorin to a preferred agent in an effort to reduce future delays in medication therapy for these patients.

GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Emergency 3-Day Supply of Non-PDL Product / Non-Tamper-Resistant Prescriptions	Prior Authorization Type Code (461-EU)	8
Emergency supply (Rx CHANGED to PDL, prescription re-issued as tamper-resistant, or PA received after 3-day supply already dispensed) to prevent from counting twice toward script limit	Submission Clarification Code (42Ø-DK)	5
Hospice Patient (Exempt from Co-pay)	Patient Location Field (NCPDP field 307-C7)	11
Pregnant Patient (Exempt from Co-pay)	Pregnancy Indicator Field (NCPDP field 335-2C)	2
Clozapine / Clozaril [®] (process second clozapine prescription in the month with an override code to avoid counting twice)	Submission Clarification Code (42Ø-DK)	2
Effexor [®] 225mg (Effexor [®] XR 75 mg and Effexor [®] XR 150 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2
Cymbalta [®] 90mg (Cymbalta [®] 30 mg and Cymbalta [®] 60 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2

Important Phone Numbers:

TennCare Family Assistance Service Center	866-311-4287
Express Scripts Health Options Hotline (RxOutreach PAP)	888-486-9355
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program (providers only)	888-816-1680
TennCare Pharmacy Program Fax	888-298-4130
First Health Services Technical Call Center	866-434-5520
First Health Services Clinical Call Center	866-434-5524
First Health Services Call Center Fax	866-434-5523

Helpful TennCare Internet Links:

First Health Services: <http://tennessee.fhsc.com>

TennCare website: www.tennessee.gov/tenncare/

Please visit the First Health / TennCare website regularly to stay up-to-date on changes to the pharmacy program. For additional information or updated payer specifications, please visit the First Health Services website at: <http://tennessee.fhsc.com> under "Providers," then "Documents." Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

Thank you for your valued participation in the TennCare program.
